STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155482	A. BUILDING 00 B. WING	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
KENDALLVILLE MANOR	1802 E DOWLING ST KENDALLVILLE, IN 46755

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00440431. Complaint IN00440431-Federal/State deficiencies related to the allegations are cited at F0600. Survey date: August 27, 2024 Facility number: 000529 Provider number: 155482 AIM number: 100267140 Census Bed Type: SNF/NF: 46 Total: 46 Census Payor Type: Medicare: 1 Medicaid: 42 Other: 3 Total: 46 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed September 28, 2024	F 0000		
F 0600 SS=D Bldg. 00	483.12(a)(1) Free from Abuse and Neglect Based on interview and record review the facility failed to ensure residents were free from abuse for 2 of 6 residents reviewed (Resident A and Resident B). Findings include:	F 0600	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these	09/09/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Anthony L Hill	Senior Administrator	09/09/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclo days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	A report to the Indiana Department of Health dated 8/6/24 indicated there was a concern about residents being abused by a staff member. 1. Resident A's record was reviewed on 8/27/24 at 10:00 AM. Diagnoses included cerebral palsy, aphasia, (inability to speak) major depressive disorder, anxiety disorder and mood disorder. Resident A's Quarterly Minimum Data Set, (MDS) dated 5/21/24, indicated the resident's Brief Interview for Mental Status (BIMS) score was 8 (moderate cognitive impairment). The MDS indicated Resident A required extensive assistance for activities of daily living (ADLs). The MDS indicated Resident A had a suprapubic indwelling urinary catheter and a feeding tube. A progress note date 8/5/24 at 9:10 PM indicated a staff member had made physical contact with the resident's right arm. A Trauma Evaluation, dated 8/6/24 at 8:53 AM, indicated Resident A had stuck their arm out in front of Certified Nurse Aide (CNA) 10 as CNA 10 was walking by. The progress note indicated CNA 10 flung Resident A's arm out of their way. The progress note indicated Resident A had been known to place their arm in front of other residents and staff members to gain their attention due to Resident A being nonverbal. An undated, written statement by CNA 10, indicated CNA 10 had pushed Resident A's hand down to pass by the resident to answer a call light. A written statement by CNA 30, dated 8/5/24, indicated they witnessed CNA 10 push Resident		responses pursuant to our regulatory obligations. The facility request that the plan of correction be considered our allegation of compliance effective September 9, 2024, for the complaint survey completed August 27, 2024. Kendallville Manor would like to respectfully request a desk review/paper compliance of this plan of correction. F600 Free from Abuse and Neglect It is the practice of this facility to ensure that residents are free from abuse and neglect of any kind. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident A and B had a trauma evaluation completed immediately after being contacted by CNA 10 with no marks or pain indicated. CNA 10 was suspended immediately and subsequently terminated upon completion of investigation. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: All residents have the potential to be affected by the deficient practice. Facility wide interviews of	

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	B's arm away. In an interview on 8/27/24 at 1:17 pm, CNA 10 indicated they had worked a stressful shift at the facility on 8/5/24. CNA 10 indicated the shift was stressful due to unproductive staff members and numerous residents with mental health disorders. CNA 10 indicated they did not abuse residents. CNA 10 indicated they did not hit Resident A. CNA 10 indicated they pushed Resident A's hand out of the way to pass by. 2. Resident B's record was reviewed on 8/27/24 at 10:45 AM. Resident B's diagnoses included cognitive communication deficit, unspecified mild dementia, major depressive disorder, anxiety disorder and behavioral disorders. Resident B had resided at a homeless shelter prior to admission to the facility. Resident B's Quarterly MDS, date 6/19/24, indicated the resident's BIMS score was 15 (cognitively intact). The MDS indicated Resident B required minimal assistance for ADLs. A Nursing Note, dated 8/6/24 at 9:17 AM, indicated on 8/5/24 CNA 10 had been attempting to enter Resident B's room to provide care for their roommate. Resident B had told CNA 10 they were not permitted to enter their room, slammed the door and held the door shut. CNA 10 then pushed the door open forcefully. A Trauma Evaluation, dated 8/6/24 at 10:28 AM, indicated Resident B had closed and held their room door shut to prevent CNA 10 from entering the room to care for their roommate. CNA 10 had pushed on the door while Resident B was holding the door shut. An identified trigger was Resident B's resistance to interacting with others they		all residents and staff were conducted with no allegations of abuse being made. For those residents unable to be interviewed, families were interviewed regarding their knowledge of any abuse in the facility with no issues identified. Skin checks were also completed on all residents with no injuries of unknown source noted. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: The facility policy on abuse was reviewed by the IDT. An in-service was conducted with all facility staff on the policy. A performance improvement tool has been developed to monitor that residents are free from abuse and neglect, understanding of the abuse policy and proper reporting. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: A Quality Assurance tool has been developed and implemented that randomly audits (5) five staff and residents, or families of residents unable to be interviewed, that residents are free of abuse and neglect, and proper reporting is followed. This tool will be completed by the Administrator and/or his designee weekly times	

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	perceived as having lower function. Resident B indicated they became upset with others when others were stupid. A Behavior Note, dated 8/9/24 at 2:18 PM, indicated Resident B had displayed unkind behaviors to others as evidenced by sticking their tongue out, yelling, using profane language and raising their middle finger. Resident B had been angry with a staff member, refused a rational explanation and had refused alternate accommodations. In an interview on 8/27/24 at 12:05 PM, Resident B indicated they did not feel like talking. Resident B reported they were angry with another resident who "didn't know anything." A written statement by CNA 20, dated 8/5/24, indicated CNA 10 had engaged in a verbally abusive conservation with Resident B. Resident B held their room door closed. CNA 10 then placed both hands on the door and pushed with excessive force. CNA 20 prevented the door from striking Resident B. In an interview on 8/27/24 at 1:17 pm CNA 10 indicated on 8/5/24 Resident B had an attitude all day. CNA 10 indicated Resident B was abusive when slamming the door in CNA 10's face. CNA 10 indicated they could have handled themselves better. CNA 10 indicated they regretted using foul language. In an interview on 8/27/24 at 11:45 AM, Licensed Practical Nurse (LPN) 40 indicated CNA 10 could be impatient with the residents. In an interview on 8/27/24 at 12:29 PM, Resident C indicated CNA 10 was scary when they were mad.		four, then monthly times three and then quarterly times three. The outcomes will be reviewed through the facility Quality Assurance Program. Additional action will be taken by the Quality Assurance Committee if warranted. - By what date the systemic changes for the deficiency will be completed: September 9, 2024	

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	Resident C indicated CNA 10 displayed negative body language when they were angry. In an interview on 8/27/24 at 12:39 PM, the Director of Nursing (DON) indicated they were aware of the abuse allegations being supported by evidence. A current facility policy, dated 9/2022, provided by the DON on 8/27/24 at 10:40 AM indicated residents should not be abused by other residents, volunteers, family members, legal guardians, friends or facility staff. This citation relates to Complaint IN00440431. 3.1-27(a)			